

## Plan Review Application for a Permanent Food Service Business

(If you are proposing a mobile food business or Limited Food Service business, use the *Mobile* Plan Review Application)

Project Information	(Please Print)		❖ Service Request
Name of Business:			
Proposed Business Address:		City:	Zip:
Was this facility previously a food service I	ousiness?		☐ No ☐ Don't Know
If Yes, how long has it been closed? Less the 3 months 3 mos. to one year More than one year Don't Know			
Plan to open by: Proposed Number of Seats:			
Sewage Treatment: Sewer On-Site Septic For City of Seattle, DPD Project #			
Plan Review Fee (see pg 2 in Plan Guide) (Make checks payable to: "SKCDPH"			· •
New Construction (includes installing a new kitchen OR re-permitting an existing kitchen that has not been used for one year or more) (\$804 base fee covers the first 4 hrs of plan review)			
Remodel (change or add to an existing kitchen) (\$603 base fee covers the first 3 hrs of plan review)			
☐ Multiple Permit Establishment (\$603 base fee for each separate area covers the first 3 hrs of plan review for each area)			
Please note: plan review time beyond the base will be charged at the rate of \$201 per hour. You will pay a separate permit fee before opening.			
Business Owner Information			<b>∻</b> Requestor
Owner Name(s):			
Mailing Address:			Zip:
Phone No.'s			
Empile	Fax (Optional):		
Applicant Information (If not the busine	ess owner)		<b>∻</b> Plan Check
Contact Person (Applicant or Agent) Name(s):			
Business Name:		Phone No.'s	
Mailing Address:	City:	State:	Zip:
Email:	Fax	(Optional):	
Office Use Only			
Date Submitted: Risk	Classification: Ser	rvice Request SR#: _	
Variance SR#: Po	ermit Record PR#:	DPD/DDES #:	
Approval Date: Revie	w Time: Revi	ewer:	
Notes:			

**SUBMIT PLAN REVIEW PACKET TO:** 

Downtown Seattle Office 401 5<sup>th</sup> Avenue, Suite 1100 Seattle, WA 98104 (206) 296-4632